

Self-Assessment Questions, Group 6

DISCLAIMER: junior medical students submitted these questions during their Pediatric Clerkship. They are being provided “as is” by the clerkship director, without significant editing, as a study aid for subsequent students on the rotation. Any questions regarding the questions should be directed toward those who wrote them.

Jai Hwang

1. A 6 year old child comes to the clinic with 2 day history of fever, acute abdominal pain, and mild joint swelling. The child's mom states that he had some type of sore throat recently and was treated successfully with some antibiotics. Upon physical exam, the patient had a temperature of 102 F with a new onset heart murmur. There was no evidence of joint edema, warmth, erythema, or tenderness at the time of the visit. Of the following, what would you least likely see in this patient.
 - A. Leukocytosis with increased PMN
 - B. Normocytic, normochromic anemia
 - C. Increased erythrocyte sedimentation rate
 - D. Positive throat culture for Streptococcus
 - E. Elevated serum titer of antistreptolysin O.
 2. Of the following, which is not considered a major Jones criteria for for rheumatic fever.
 - A. Carditis
 - B. Erythema Marginatum
 - C. Subcutaneous Nodules
 - D. Sydenham's Chorea
 - E. Arthralgia
 3. Of the following, which can be seen in both bacterial endocarditis and acute rhematic fever.
 - A. Congestive Heart Failure
 - B. Subcutaneous Nodules
 - C. Petechiae
 - D. Erythema Marginatum
-

Stephanie Simonson

4. Parents who wish to breast feed but want to supplement with formula should:
 - a) start supplementation at bedtime immediately after delivery
 - b) wait several weeks after delivery to supplement to ensure established breast-feeding hormonal patterns
 - c) try a different formula each day until the baby shows a preference
 - d) pump and then mix the formula and breast milk in a one to one ratio

5. If dietary iron is not provided, infants begin to deplete their iron stores by:
- a) 1 month
 - b) 2 months
 - c) 4 months
 - d) 6 months
 - e) 12 months
6. Characterized by significant hypotonia in infancy, which evolves to a pattern of overeating and obesity by six months to a year, with variable mental retardation, characteristic facies, small hands and feet, and hypogonadism; this defect is a result of abnormalities on:
- a) maternal chromosome 15q11-15q13
 - b) paternal chromosome 15q11-15q13
 - c) maternal chromosome 7p11-7p13
 - d) paternal chromosome 7p11-7p13
 - e) maternal chromosome 17q13-17q15
7. A patient presenting with severe mental retardation, seizures, ataxia and "puppet like gait" with a happy disposition prone to bouts of uncontrolled laughter is likely to have a defect in:
- a) maternal chromosome 15q11-15q13
 - b) paternal chromosome 15q11-15q13
 - c) maternal chromosome 7p11-7p13
 - d) paternal chromosome 7p11-7p13
 - e) maternal chromosome 17q13-17q15
8. Patients deficient in early complement elements have a susceptibility to:
- a) viruses
 - b) fungus
 - c) encapsulated bacteria
 - d) intracellular bacteria
 - e) protozoa
 - f) gonococcus and meningococcus
9. Patients deficient in late complement are susceptible to:
- a) viruses
 - b) fungus
 - c) encapsulated bacteria
 - d) intracellular bacteria
 - e) protozoa
 - f) gonococcus and meningococcus
10. A patient presents with recurrent infections with *S. aureus* and *Serratia marcescens* in the form of cutaneous abscesses, lymphadenitis, pneumonia complicated by empyema, and peri-rectal abscess. His defect is in which enzyme:
- a) Super-oxide dismutase (SOD)
 - b) NADPH oxidase
 - c) catalase
 - d) G6PD
 - e) phosphofructokinase (PFK)

11. The most common bacterial pathogens for neonatal osteomyelitis are:
- a) H. influenza, Moraxella catarrhalis and Pneumococcus
 - b) N. gonorrhea, Bacteroides and Enterobacter
 - c) Group B Streptococcus, E. coli, S. Aureus
 - d) Actinomyces israelii, Pseudomonas, Peptostreptococcus
 - e) Salmonella, Shigella, Campylobacter
12. A nine year old boy presents to your office after a camping trip with his boy scouts group one week ago. He looks fairly toxic with fever of 39.5C, headache, myalgia, nausea, vomiting, and an erythematous macular rash on the wrists, ankles and proximally on the trunk. The best treatment for this illness is:
- a) Ceftriaxone
 - b) Gentamycin
 - c) Acyclovir
 - d) Tetracycline
 - e) Aztreonam
13. Of the following defects, which is not associated with Tetralogy of Fallot?
- a) pulmonary stenosis
 - b) over-riding dextroposed aorta
 - c) atrial septal defect
 - d) ventricular septal defect
 - e) right ventricular hypertrophy
14. The most common congenital obstructive lesion of the left side of the heart is:
- a) aortic stenosis
 - b) coarctation of the aorta
 - c) mitral stenosis
 - d) pre-aortic septal hypertrophy
 - e) accessory chordae tendinae
15. When classifying growth plate fractures, a fracture extending obliquely through the metaphysis, across the physis, and into the epiphysis is Salter-Harris type
- a) I
 - b) II
 - c) III
 - d) IV
 - e) V
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Krishna Patel

16. A well-child developmental assessment of a 3 year old girl reveals that she is able to dress herself and pedal a tricycle; however, her vocabulary skills consist of "mama", "dada", and "doggie". You would classify her development as:
- A. Constitutional developmental delay
 - B. Completely normal
 - C. Developmental deviancy
 - D. Developmental dissociation

17. With respect to the TORCH infections, neonates usually acquire this infection during delivery through the birth canal.
- A. Rubella
 - B. Herpes Simplex
 - C. Syphilis
 - D. Trichonosis
18. The vaccine against *Neisseria meningitidis* is currently recommended to all of the following populations EXCEPT:
- A. Persons in the military
 - B. Children under 2 years old
 - C. Patients with asplenia
 - D. Children lacking complement factor C6
19. Rates of meningococcal disease are highest among which age group?
- A. Ages: 0-4 years old
 - B. Ages: 10-14 years old
 - C. Ages: 20-24 years old
 - D. Ages: 65-69 years old
20. A 15 year old boy comes to your office for follow up of his reactive airway disease. He describes his symptoms as daily and also experiencing nocturnal symptoms approximately 2x per week. Spirometry performed in your office reveal that his FEV1/ PEFR is 75% of his predicted value. These results classify his severity of asthma as:
- A. Severe persistent
 - B. Moderate persistent
 - C. Mild persistent
 - D. Mild intermittent
21. All of the following are true concerning Otitis media EXCEPT:
- A. Chronic or recurrent ear infections lead to conductive hearing loss.
 - B. Bottle feeding can predispose children to ear infections
 - C. Treatment of choice is clindamycin
 - D. One of the most common causes of bacterial otitis media is *S.pneumoniae*.
-

Allan Gilmer

22. Downs Syndrome is NOT associated with:
- A. transposition between chromosome 14 and 21 (t14:21)
 - B. Epicanthal fold and single palmar crease
 - C. Increased risk of Leukemia and Alzheimers disease
 - D. Radial aplasia
 - E. Trisomy 21 from maternal dysjunction

23. A 3 1/2 year old Georgia home-schooled child differs from a Florida voter by:
- A. Majority of both have 2 arms and 2 legs
 - B. Average serum sodium concentration (if both healthy)
 - C. The 3 1/2 year old can correctly select their desired choice and punch the correct chad on a standard voting card.
 - D. Ability to control bladder
24. Select the INCORRECT statement concerning congenital syphilis:
- A. Late symptoms of the untreated child include keratitis, blindness, saber shin, and mulberry molars
 - B. Placental examination may show mononuclear infiltrate with spirochetes present
 - C. The Tertiary syphilis stage is more likely to infect a fetus than either the primary or secondary stages
 - D. A large percentage of fetuses will die in-utero
 - E. At birth chronic rhinitis and desquamating rash may be the only symptoms
25. Select the TRUE statement for HIV positive mothers (positive before and at the birth of child):
- A. 90-100% will infect the child during delivery
 - B. Must not take zidovudine (AZT) due to its teratogenicity
 - C. Should not breast feed their children
 - D. Must insist their HIV positive child be immunized with all vaccines scheduled for a non-HIV positive child
26. A teenage boy presents to your office with a history of decreasing school performance and increasingly labile mood. Mom states he seems "confused" much of the time. On Physical Exam he is jaundiced, tall and thin, has mild hepatomegaly and slit-lamp exam shows Kayser-Fleisher rings in both eyes. Laboratory evaluation would most likely show which abnormality:
- A. Absence of albumin
 - B. Excessive albumin
 - C. Decreased ceruloplasmin
 - D. Increased ceruloplasmin
 - E. Hepatic cell in the blood
-

Eric Robach

27. 15 yo WM presents after referral to you for proteinuria. U/A shows 1+ proteinuria (no other abnormalities), no edema, normal cholesterol, and no significant PMH/FH. Urine protein/creatinine ratio is 0.148 and quantitative protein is 25 (normal 2-10). What is the most likely dx?
- a. minimal change dz
 - b. post streptococcal GN
 - c. benign orthostatic proteinuria
 - d. membranous GN
 - e. lupus nephritis
28. 4 yo BM presents with numerous hypopigmented macules of skin, sebaceous adenomas, mental retardation, and h/o recurrent seizures. What is the mode of inheritance of this disorder?
- a. aut recessive
 - b. aut dominant
 - c. x linked
 - d. aut co dominant

29. The new mother of a 3 week old infant is concerned that her child is having difficulty breathing. She states he is a noisy breather but has remained afebrile and sleeps/feeds well. After a benign history/physical exam, it would be prudent to:
- a. begin iv antibiotics
 - b. prescribe a decongestant
 - c. reassure mom and send home with saline nasal spray
 - d. begin albuterol nebs prn
30. A 15 month female infant is brought in for a WCC and is noted to have breast buds. Genitalia is Tanner 1. You should:
- a. order estrogen/progesterone and gonadotropin levels
 - b. order heat CT
 - c. order head MRI
 - d. reassure mom this is a benign process
31. A newborn female is noted to have edema of the hands and feet. Which of the following should be included in the differential?
- a. Turners syndrome
 - b. neuroblastoma
 - c. sepsis
 - d. Developmental Dysplasia of the hip
-

Samir Chande

32. Which of the following is usually found in the CBC of a pt with Kawasaki's?
- a. high plts
 - b. low plts
 - c. high RBCs
 - d. low RBCs
 - e. high WBCs
33. What is the most likely diagnosis of a 9 month old child who drinks excessive amounts of only whole cow's milk with blue sclerae and no history of trauma?
- a. osteogenesis imperfecta
 - b. Wilson's disease
 - c. Fe deficiency anemia
 - d. Tay-Sach's

34. What is the most common congenital heart defect in kids with Fetal Alcohol Syndrome?
- a. coarctation of the Aorta
 - b. ASD
 - c. tet of Fallot
 - d. VSD
35. What characteristically happens if you incorrectly treat a pt with infectious mono by giving him/her ampicillin?
- a. severe anaphylactic reaction
 - b. nothing
 - c. a rash develops
 - d. excessive nausea/vomiting
36. Which of the following is not associated with Neurofibromatosis-1?
- a. lisch nodules
 - b. axillary freckling
 - c. ash-leaf spots
 - d. optic gliomas
 - e. all of the following are associated with NF-1
-

Brian Stephens

37. Which skin lesion is most likely NOT to spontaneously resolve?
- A. hemangioma
 - B. lymphangioma
 - C. mongolian spot
 - D. milia
38. In which bacterial infection is treatment with antibiotics recommended?
- A. E.coli 0157 gastrointestinal infection
 - B. Yersinia mesenteric adenitis
 - C. Diarrhea(Salmonella)
 - D. Diarrhea(Shigella)
39. A 15yr old comes to you for a football physical. which finding below in this childs history would preclude him from a contact sport?
- A. sickle cell disease
 - B. Asthma
 - C. A heart mumur
 - D. patient has one kidney
40. A pt comes into your office in severe respiratory distress with a deep barky cough and stridor. you diagnose the child with croup and decide to admit the child. along with securing an airway what are other treatment options?
- A. albuterol jet nebulizer
 - B. Ice Cream PO
 - C. racemic epinephrine and steroids
 - E. no treatment options are available

41. The same patient above the next morning looks BAD on rounds. He is spiking a fever of 103.4 and looks more toxic today. you are now quite convinced that this is not viral in origin. what bacteria is MOST likely in this fully immunized child?
- A. Staph
 - B. Strep
 - C. H. flu
 - D. E. coli
-

Tanna Lim

42. Cribs manufactured since 1974 conform to regulations requiring slats to be how many inches apart?
- a. 2"
 - b. 2 1/8"
 - c. 2 1/4"
 - d. 2 3/8"
 - e. 2 1/2"
43. What organism is the most common cause of osteomyelitis in kids? In adults? In sickle cell patients?
44. What is the most common solid tumor of infancy? Of childhood (location, not specific type)? What 2 tumors are the most common causes of abdominal masses in children?
45. BONUS:
For whom was Wilms' tumor named?
- a. Johann Sebastian Wilms
 - b. Carl Max Wilhelm Wilms
 - c. Magic Johnson Wilms
 - d. Larry Bird Wilms
 - e. Wilma Rudolph
 - f. Wilma Flintstone
 - g. the real Slim Shady
-

Amy Kessler

46. A 2 year old comes in for a well baby check-up. She should be able to do all of the following except:
- a. turn pages one at a time
 - b. use 2-3 word phrases
 - c. follow two step commands
 - d. participate in group play.
47. A child has recently started to transfer objects, babble and use the raking grasp. He should also be able to:
- a. sit unsupported
 - b. walk with support
 - c. say "mama" and "dada"
 - d. build a tower of two blocks

48. All of the following are true regarding infantile spasms except:
- a. Infantile spasms are mixed flexor-extensor spasms that last only a few seconds but may repeat more than one hundred times in a row.
 - b. diagnosis is confirmed by hyposarrhythmia on EEG
 - c. developmental delay can be prevented by the use of corticotropin
 - d. Infantile spasms may develop into Lennox- Gestaut syndrome
49. A 1 year old white female had a seizure after having a temperature of 39.5 degrees C. If her seizure was a simple febrile seizure, all of the following statements would be true except:
- a. the seizure would consist of generalized tonic/clonic movements
 - b. the seizure would probably not recur within 24 hours
 - c. The child would not require further evaluation beyond determining the etiology of the fever
 - d. The seizure would last approximately 20 minutes
50. A 15 year old white female presents to clinic complaining of numbness in both legs which started yesterday. She has recently recovered from a URI which she had about 10 days ago. She also complains of mild weakness in her proximal muscles. Her condition:
- a. may require treatment with IVIG and plasmaphoresis
 - b. involves degeneration of the anterior horn cells
 - c. consists of symptoms which wax and wane over time
 - d. is only viral in origin. She should be sent home and advised to rest and drink plenty of fluids.
51. A ten month old recently had a mild URI. Over the next couple of days, he develops a "barky cough" with intermittent stridor which is worse at night. He has a low grade fever. Crying seems to exacerbate the stridor. This history is most consistent with:
- a. epiglottitis
 - b. aspiration of a foreign body
 - c. a "thumb print" sign on lateral xray of the neck.
 - d. a "steeple sign" on AP neck film

Chris Paul

52. A two year old black male is admitted to the hospital for his second episode of bacterial meningitis. His family history is positive for two other male siblings dying in infancy from sepsis. He also has a significant past medical history of recurrent ear infections and skin infections. What is the most likely diagnosis?
- A. Factitious disorder by proxy
 - B. Severe combined immunodeficiency
 - C. DiGeorge Syndrome
 - D. Bruton's Agammaglobulinemia
53. Appropriate workup of this patient includes.
- A. CBC with differential, Lumbar puncture, blood culture with sensitivities
 - B. Quantitative Immune Globulin levels
 - C. HIV antibody and/or PCR
 - D. Skin testing for candida, mumps, tetanus
 - E. CH50
 - F. A,B,C, and E
 - G. B,D, and E
 - H. A,B,C,D, and E
 - I. None of the above

54. When the tests finally come back, the patient shows IG levels < 100 for A,G,E and M normal compliment levels, negative HIV antibodies and PCR. What would your next step be in finalizing your diagnosis?
- A. BTK Western Blot
 - B. Karyotype
 - C. Test for respiratory burst in Neutrophils
 - D. There is no definitive diagnosis for this patient
55. Your test comes back confirming your diagnosis. You have previously constructed a family tree and there are family members that are at risk for being carriers. How is this disease transmitted?
- A. Autosomal Dominant
 - B. X-linked recessive
 - C. Autosomal Recessive
 - D. Variable penetrance
56. What is the longterm treatment for these patients?
- A. Prophylactic antibiotics
 - B. Avoidance of people who are sick
 - C. Gene therapy
 - D. Monthly infusions of IgG keeping trough levels above 400 mg/dL
57. What virus is likely to kill these patients easily?
- A. Adenovirus
 - B. Influenza
 - C. Echovirus
 - D. Rhinovirus
-

Brian Mackin

58. The following are seen in anorexia nervosa except...
- a. delayed growth velocity
 - b. lanugo hair
 - c. increased T3
 - d. amenorrhea
 - e. bradycardia
59. The first sign of puberty in a normal male is usually the
- a. increase in size of the testes
 - b. appearance of facial hair
 - c. appearance of axillary hair
 - d. appearance of pubic hair
 - e. appearance of body hair
-

Angela Mattke

Buzz words: Match buzzwords with letter of correct disease below:

- 60. Roth Spots, Janeway lesions, Osler nodes
- 61. Ash-leaf spots, intracranial calcifications
- 62. Erythema chronicum migrans, chronic relapsing arthritis sequela
- 63. Gower's sign
- 64. Café au lait spots, cutaneous tumors
- 65. Intermittent limp, knee pain, limited internal rotation/abduction at hip
- 66. Kayser-Fleischer rings, jaundice
- 67. Fever, skin rash, tender joint swellings
- 68. Duodenal atresia, simian crease, epicanthal folds
- 69. Vomiting, palpable abdominal "olive" in neonate

- a) Legg-Calve-Perthes disease
 - b) Lyme disease
 - c) Juvenile rheumatoid arthritis
 - d) Endocarditis
 - e) Pyloric stenosis
 - f) Down's syndrome
 - g) Muscular dystrophy
 - h) Tuberous sclerosis
 - i) Neurofibromatosis
 - j) Wilson's disease
-

Travis Caudill

70. A 3 year old white female presents to your office with 4 day duration of increased fussiness, low grade fever, and intermittent tugging of the ears. Exam reveals bulging erythematous tympanic membranes that lack mobility, loss of landmarks, and low grade fever. What is the most likely etiologic agent?
- A. Streptococcus pneumoniae
 - B. Hemophilus influenzae B
 - C. Moraxella catarrhalis
 - D. Virus
 - E. Pseudomonas aeruginosa
71. What antibiotic would you use first, second, third, and as a final resort assuming a bacterial etiology?
- A. Amoxicillin, Augmentin, Keflex, Rocephin
 - B. Amoxicillin, Keflex, Augmentin, Rocephin
 - C. Amoxicillin, Augmentin, Rocephin, Keflex
 - D. Amoxicillin, Rocephin, Keflex, Augmentin
 - E. Keflex, Amoxicillin, Aumentin, Rocephin
-

Susan Kozel

72. Breath holding spells are not associated with
- a. children 7 years old
 - b. episodes of anger, frustration, or scolding
 - c. short periods of drowsiness after spell
 - d. rhythmic clonic jerking of the extremities
 - e. none of the above

73. Problems not associated with infants of diabetic mothers include
- macrosomia
 - small for gestational age
 - hypoglycemia
 - hyperbilirubinemia
 - none of the above.
74. A 4 year old child presents with fever, vomiting, and shortness of breath on exertion. Physical exam shows muffled heart sounds, fever, a gallop rhythm, and tachycardia. The best diagnosis for this child is
- pericarditis
 - costochondritis
 - myocarditis
 - mitral valve prolapse
 - none of the above.
75. An 18 year old male has come to you for a sports physical. During the physical, you notice a II/VI systolic murmur. What is your next step?
- Go directly to cardiology. Do not stop at go. Do not collect \$200.
 - Have the child perform a Valsalva maneuver.
 - Do an EKG reading.
 - Question the teenager's use of drugs.
 - Ignore the murmur. It is probably benign.
76. A 12 month old patient presents to you for a well child visit. What developmental is most appropriate.
- The patient puts three words together. "I want juice."
 - The patient uses mama and dada consistently.
 - The child has a vocabulary of at least 50 words.
 - The patient has one or two words other than "mama" or "dada".
 - The patient is silent throughout the exam. Mother states that the child does not talk yet.
77. Which of these statements is a correct example of inattention.
- Tendency to blurt out answers before questions have been completed.
 - Fidgeting with hands or feet or squirming in seat.
 - Avoidance or dislike of tasks that require sustained mental effort.
 - Tendency to interrupt or intrude on others.
 - Difficulty engaging in leisure activities quietly.
78. Matching:
- VSD
 - ASD
 - Tetralogy of Fallot
 - Hypertrophic cardiomyopathy
 - PDA
- continuous
 - systolic ejection
 - holosystolic
79. Matching
- Cromolyn
 - Beclomethasone

3. Serevent
4. Albuterol

- a. Long acting beta-agonist
- b. Short acting beta-agonist
- c. Inhaled steroid
- d. Mast cell stabilizer

80. Characteristics of simple febrile seizures include

- a. Last less than 15 minutes
- b. Only one occurs per 24 hour period
- c. Can be caused by intracranial infection
- d. Is not caused by severe metabolic disturbance
- e. All of the above.

81. Characteristics of Croup include

- a. Stridor
- b. Gradual onset
- c. Occur mostly in the 1-2 age range
- d. Barky cough
- e. Improvement with moistened air.
- f. All of the above.

82. Matching

1. Kawasaki disease
2. Scarlet fever
3. Measles
4. Erythema infectiosum
5. Seborrheic dermatitis
6. Enterovirus infection
7. Histiocytosis X
8. Scabies
9. Acrodermatitis enteropathica
10. Epstein Barr virus

- a. Kwell
- b. Koplik's spots
- c. Cradle cap
- d. Strawberry tongue
- e. Involves bone, liver, spleen, lungs, lymph nodes, skin
- f. coronary artery aneurysm
- g. Diarrhea, failure to thrive, skin lesions of distal extremities, perioral, perineal areas.
- h. aplastic crisis
- i. hand foot & mouth disease
- j. Morbilliform, erythematous, copper colored.

83. A 4mo male is brought to you for a well child check. No apparent abnormalities were noted at birth (APGARS 8 and 9), but you hear a II/VI holosystolic murmur. The mother denies any episodes of cyanosis or respiratory distress, but doesn't think he's growing very well (birth wt. 2.7Kg, currently 5.6Kg). ECG shows evidence of left ventricular hypertrophy which is also supported by CXR. What is your diagnosis?
- a) small VSD
 - b) PDA
 - c) Aortic Stenosis
 - d) large VSD
 - e) Aortic Coarctation
84. You refer this patient to your local pediatric cardiologist who confirms your diagnosis. However, when he recommends surgical repair to the mother she refuses. As far as she can tell, he appears normal other than being a little small. Also, the thought of surgery frightens her. After leaving his office, the mother fails to bring her child back in for follow-up, but presents to your ER 1 year later. Now the child shows signs of cyanosis and is tachypneic. CXR this time shows left atrial and ventricular enlargement as well as increased pulmonary vascularity. How do you explain the child's current condition?
- a) worsening left-to-right shunt
 - b) closure of PDA
 - c) right-sided pneumothorax
 - d) right-to-left shunt
 - e) Failure of foramen ovale to close
-

Sharik Rathur

85. Match the Poison with the Antidote!

- 1) Opiates
 - 2) Pesticides
 - 3) Anticholinergics
 - 4) Benzodiazepines
 - 5) Iron
 - 6) Acetaminophen
 - 7) Lead
-
- a) flumazenil
 - b) deferoxamine
 - c) Physostigmine
 - d) N-acetylcysteine
 - e) Naloxone
 - f) Pralidoxime-Cl
 - g) dimercaprol/EDTA

86. What is the most frequent cause of GER in infants?

- a) Lactose intolerance
- b) Overfeeding
- c) Pyloric Stenosis
- d) Medications
- e) Increased LES tone

Julie Dennard

87. Which of the following is not one of the criteria for diagnosis of Kawasaki Disease?

- a. fever >5 days
- b. bilateral conjunctivitis
- c. polymorphous rash
- d. hepatosplenomegaly
- e. cervical lymphadenopathy

88. A 5 year old comes to the ER with fever, sore throat, hoarseness, and stridor developing over one to two days. He also appears to be drooling. Which of the following is the most appropriate initial step in management?

- a. get a lateral cervical neck x-ray
- b. draw a CBC and blood cultures
- c. prepare for emergency intubation
- d. do a detailed history and physical
- e. send him home

89. When does the umbilical cord typically fall off a normal term infant?

- a. two days
- b. two weeks
- c. one month
- d. two months

90. What is the typical order of events in puberty for females?

- a. thelarche, adrenarche, growth spurt, menarche
- b. adrenarche, thelarche, growth spurt, menarche
- c. thelarche, adrenarche, menarche, growth spurt
- d. thelarche, growth spurt, adrenarche, menarche

91. The #1 trigger for asthma is

- a. allergies
- b. exercise
- c. viral infection
- d. smoke

92. Most infant formulas contain ___ kcal/oz. and most infants need ___ kcal/kg/day.

- a. 30, 150
- b. 20, 100
- c. 10, 90
- d. 50, 200

Answers

Self-Assessment Questions, Group 6

1. D. In an episode of acute rheumatic fever, throat cultures are only positive in a minority of cases, however, a throat culture should always be performed. Leukocytosis and a mild normocytic, normochromic anemia is usually present. Increased sed rate as well as an increased C-reactive protein is usually prominent. Over 80% of patients with acute rheumatic fever have an elevation of antistreptolysin O. Other findings can include elevated serum aspartate aminotransferase level, proteinuria, cardiac rhythm disturbances, and congestive heart failure.
2. E. Arthralgia is considered a minor manifestation of RF. Polyarthrititis is the 5th major Jones criteria and usually involves larger joints of extremities, most frequently knees and ankles but also the wrists and elbows.
3. A. Only CHF is seen in both bacterial endocarditis and acute rheumatic fever. Subcutaneous nodules and erythema marginatum are seen in RF while petechiae is seen in bacterial endocarditis.
4. b
5. c
6. b
7. a
8. c
9. f
10. b
11. c
12. d
13. c
14. b
15. d
16. D. Normally, children 3 years of age should be able to use 3 word sentences and have a vocabulary of approximately 250 words. Thus, her language skills are developmentally delayed. Her motor skills are appropriate for her age. A substantial difference in the development of two skilled areas (motor and language) is defined as developmental dissociation. Developmental deviancy occurs when development occurs in a nonsequential order. Constitutional delay should reveal delay in both motor and language skills.
17. B. Rubella and Syphilis are TORCH infections that are transmitted transplacentally. Trichonosis is term to describe disease of the hair. Herpes Simplex is thought to be transmitted to the neonate through direct skin contact with the mother's active lesions along the vaginal mucosa during delivery.
18. B. Because the vaccine is composed of polysaccharide antigens, the vaccine is not immunogenic in children under 2 years of age. All the other answers are direct indications for the Neisseria meningitidis vaccination.

19. A. Children 0-4 years old represent the age group at highest risk for meningial disease. Infants are most susceptible because their immune systems are not mature and when they begin to lose their maternal antibodies, they become more susceptible to infection. The next age group at risk are 15-19 year olds. This population is susceptible to meningial diseases because the close living environment created by dormitory living increases the likelihood of exposure to persons who are carriers of N. meningitidis.
20. B. Moderate persistent symptoms are daily with $>1x$ per week nocturnal symptoms and FEV1/PEFR 60-80% of predicted. Severe persistent symptoms are daily/continual (limiting physical activity) with frequent nocturnal symptoms and FEV1/PEFR $<60\%$ of predicted. Mild persistent symptoms are $>2x$ per week but $<1x$ per day with nocturnal symptoms $>2x$ per month and FEV1/PEFR $>80\%$ of predicted. Mild intermittent symptoms are $<2x$ per week with nocturnal symptoms $<2x$ per month and FEV1/PEFR $>80\%$ of predicted.
21. C. Simple acute otitis media is usually treated with oral amoxicillin. Alternative choices include trimethoprim-sulfamethoxazole. For more resistant organisms, use ampicillin-clavulanic acid, or cephalosporins (2nd or 3rd generation), or a macrolide for treatment.
22. D. Radial aplasia is typically not a finding in Down's Syndrome. It is strongly associated with Edwards syndrome (trisomy 18).
23. C. Based on a "not so scientific poll" of local homeschoolers. All could correctly identify their favorite Disney character and its associated chad on a standard Florida voting card copied from the web. Note answer D may also be debated, most 3 1/2 year olds can control their bladder.
24. C. Tertiary syphilis is the most dormant of the states listed. Primary and secondary stages are more like to produce and infection in the fetus.
25. C. Since HIV can be excreted into the breast milk, mothers should restrain from breastfeeding. Even without treatment, only 25% of children will be infected during the delivery process. AZT has no proven teratogenicity and is currently used to reduce the chance of vertical transmission of HIV. Certain immunizations should not be given to HIV infected children including oral polio and MMR.
26. C. This classic presentation and physical findings of Wilson's disease is associated with decreased ceruloplasmin (the copper transport protein). This decreased transport ability results in a deposition of copper in various organs including the eyes which produces the Kayser-Fleisher rings.
27. c if urine protein/creatinine is less than 0.2 and pt is asymptomatic this is a benign process that corrects itself while lying down.
28. b tuberous sclerosis
29. c noisy breathing of infancy secondary to obligate nasal breathing
30. d premature thelarche
31. a
32. A. Treatment of Kawasaki's includes aspirin and IVIG
33. C. This kid's probably having microscopic intestinal hemorrhaging as well as lack of iron in milk
34. D
35. C. Rash characteristically develops in kids infected with mono who get treated for strep throat with ampicillin
36. C. Associated with tuberous sclerosis not NF-1

37. B. Lymphangiomas rarely regress and surgical removal is difficult
38. D. Shigella is treated with 3rd gen. Cephalosporin.
39. D. Having one kidney means no helmets to the side!!
40. C. Epi and steroids may be beneficial in severe viral croup
41. A. Staph is the most common bacteria in tracheitis.
42. d. Make sure your child's crib and patients' cribs are not a health hazard!
43. a, b, and c: Staph aureus is the most common cause of osteomyelitis in all age groups. It is also the most common cause of osteo in sickle cell patients. Although Salmonella is proportionately higher in sickle cell patients, Staph is still the most common cause.
44. a, b, and c: Neuroblastomas are the most common solid tumors in infancy. After 1 year of age, brain tumors become the most common tumors of childhood. During childhood, if a patient presents with an abdominal mass, neuroblastoma (#1) or Wilms' (#2) should be high on the list of tumors. Other benign causes of abdominal masses include hydronephrosis, multicystic kidneys, and splenomegaly.
45. At the turn of the 20th century, Carl Max Wilhelm Wilms published a thorough review of the literature on childhood renal tumors, and, though not the first to describe nephroblastomas, was the first to unify morphologically different tumors under one histologic umbrella (those arising from the middle germ layer).
46. d
47. a
48. c
49. d
50. a (Guillan-Barre syndrome)
51. d (croup)
52. D. Also known as X-linked Agammaglobulinemia this disease presents with numerous bacterial infections and possible significant family history of male relatives dying of bacterial infections.
53. H. This patient's presentation would cause you to suspect an immunodeficiency and all the above tests would help to differentiate between the different forms of immunodeficiencies.
54. A. Seeing that all the immunoglobulins are deficient strengthens the diagnosis of Bruton's. The diagnosis can be confirmed by checking the patient's Bruton's tyrosine kinase (BTK) protein. If it is defective, the definitive diagnosis is made.
55. B. As the name suggests this disease is X-linked recessive.
56. D
57. C. For some unknown reason, these patients are highly susceptible to Echovirus infections. Echovirus can cause chronic meningoencephalitis.
58. c. decreased T3 is commonly seen

59. a; order a-d-(bce)

60. d,

61. h,

62. b,

63. g,

64. i,

65. a,

66. j,

67. c,

68. f,

69. e

70. D

71. A

72. a. Breath holding spells occur in 5% of all children between the ages of 6 months and 6 years. The two types are cyanotic and pallid. Cyanotic episodes are provoked by anger, frustration, or scolding. Children scream then hold their breath in expiration. After 30 seconds of apnea, they become cyanotic. They may lose consciousness or become limp. Rarely, loss of consciousness may be followed by a few seconds of rhythmic clonic jerking of the extremities. pallid spells are evoked by injuries, pain, or fear. The initial cry is minimal before the apnea and loss of consciousness. Pharmacologic therapy is usually not necessary. BHS resolve by 5 to 6 years of age. Neither types cause an increased risk of epilepsy.

73. e. Infants of diabetic mothers can either be large for gestational age or small for gestational age. Once thought to be due to a vascular accident, being small for gestational age is now believed to be due to disturbances in maternal metabolic fuel available in pregnancy, thereby retarding fetal growth.

74. c. Myocarditis presents as mild pain present for several days. After a few days of fever, vomiting, and lightheadedness, the patient may develop pain or shortness of breath on exertion. Examination may reveal muffled heart sounds, fever, a gallop rhythm, or tachycardia. The patient also may have orthostatic changes in pulse or blood pressure.

75. b. Hypertrophic obstructive cardiomyopathy is an autosomal dominant structural disorder. There is often a family history of the condition. Children may have a murmur that may be audible when standing or when performing a Valsalva maneuver. These patients are at risk for ischemic chest pain.

76. d. It is appropriate at 1 year to use mama and dada to label the appropriate parent and have one to two other words that he or she uses appropriately.

77. c. Inattentive children lack attention to details. They make careless mistakes in schoolwork. They have difficulty sustaining attention in tasks. They give the impression of not listening when spoken to directly. They do not follow through on instructions or finish schoolwork or duties. They have difficulty organizing tasks. They avoid tasks that require sustained mental effort. They tend to lose things necessary for tasks. They are distracted by extraneous stimuli. They are forgetful in daily activities.

78. 1 c, 2 b, 3 b, 4 b, 5 a

79. 1d, 2c, 3a, 4b

80. c. A simple febrile seizure is defined as one that lasts less than 15 minutes. Only one occurs in a 24 hour period. It may not be caused by an intracranial infection or by a severe metabolic disturbance. If any of these are present, it would be described as a complex febrile seizure.

81. F. Croup causes 90% of upper airway obstruction in pediatrics. It is commonly found in the 1-2 year old age group. Episodes usually occur late fall to early spring. Stridor is the most common presenting feature. Symptoms are usually gradual, commonly preceded by upper respiratory infection symptoms.

82. 1f, 2d, 3b, 4h, 5c, 6i, 7e, 8a, 9g, 10j

83. D) Interestingly smaller VSD's are usually louder and are more likely to close without intervention or complications such as CHF.

84. D) This child is presenting with symptoms of Eisenmenger syndrome (reversal of the left-to-right shunt secondary to increased pulmonary vascular resistance).

85. 1)E, 2)F, 3)C, 4)A, 5)B, 6)D, 7)G

86. B. Overfeeding

87. d

88. b

89. c

90. a

91. c

92. b